

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2005**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))

MAY 22 2006

Docket Number  
6000-011-52

Application Number 09/750,530

Filed December 26, 2000

For METHOD AND SYSTEM FOR PROVIDING A REWARD FOR PLAYING CONTENT  
RECEIVED OVER A DATA NETWORK

Art Unit 2611

Examiner Jason P. Salce

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|                                                                      | <u>Fee</u> | <u>Small Entity Fee</u> |
|----------------------------------------------------------------------|------------|-------------------------|
| <input type="checkbox"/> One Month (37 CFR 1.1 7(a)(1))              | \$120      | \$60                    |
| <input type="checkbox"/> Two Month (37 CFR 1.1 7(a)(2))              | \$450      | \$225                   |
| <input checked="" type="checkbox"/> Three Month (37 CFR 1.1 7(a)(3)) | \$1,020    | \$510                   |
| <input type="checkbox"/> Four Month (37 CFR 1.1 7(a)(4))             | \$1,590    | \$795                   |
| <input type="checkbox"/> Five Month (37 CFR 1.1 7(a)(5))             | \$2,160    | \$1,080                 |

\$510.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3266. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 28,872/44,977

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34 \_\_\_\_\_.

|                                     |                                            |
|-------------------------------------|--------------------------------------------|
|                                     | <u>May 22, 2006</u>                        |
| <u>Signature</u>                    | <u>Date</u>                                |
| <u>Dale S. Lazar/Lisa K. Norton</u> | <u>05/23/2006 100001 00000044 09750530</u> |
| <u>Typed or printed name</u>        | <u>Telephone Number</u> <u>510.00 OP</u>   |

NOTE: Signatures of all the inventors or assignees of record of the more interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted

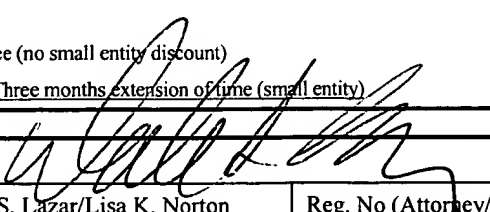
This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, mating, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, US Patent and Trademark Office, U.S. Department OF Commerce, P.O. Box 1450, Alexandria, V.A 22313-4150. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

SEND TO: Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22233-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

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| <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i><br><div style="display: flex; align-items: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"> <b>OFFICE OF<br/>PATENT &amp; TRADEMARK<br/>MAY 22 2006</b> </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2006</h2> </div> </div>                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                         | Complete if Known                |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------|------------------------|
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                         | Application Number               | 09/750,530             |
| Total Amount of Payment \$510.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                         | Filing Date                      | December 28, 2000      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         | First Named Inventor             | Denis KHOO, et al.     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         | Examiner Name                    | Jason P. Salce         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         | Art Unit                         | 2611                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         | Attorney Docket No.              | 6000-011-52            |
| <b>METHOD OF PAYMENT (check all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         |                                  |                        |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____<br><input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: 50-3266   Deposit Account Name: _____<br>For the above-identified deposit account, the director is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments |                                                                                     |                                                         |                                  |                        |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                         |                                  |                        |
| <b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                         |                                  |                        |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                         |                                  |                        |
| FILING FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | SEARCH FEES                                             |                                  | EXAMINATION FEES       |
| <u>Application Type</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Fee(\$)</u>                                                                      | <u>Fee Code</u>                                         | <u>Fee(\$)</u>                   | <u>Fee Code</u>        |
| Utility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 300                                                                                 | 1011                                                    | 500                              | 1111                   |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 200                                                                                 | 1012                                                    | 100                              | 1112                   |
| Plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 200                                                                                 | 1013                                                    | 300                              | 1113                   |
| Reissue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 300                                                                                 | 1014                                                    | 500                              | 1114                   |
| Provisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 200                                                                                 | 1005                                                    | 0                                | 0                      |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                         |                                  |                        |
| <u>Fee Description</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | <u>Fee (\$)</u>                                         | <u>Fee Code</u>                  |                        |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | 50                                                      | 1202                             |                        |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | 200                                                     | 1201                             |                        |
| Multiple Dependent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | 360                                                     | 1203                             |                        |
| <u>Total Claims</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Extra Claims</u>                                                                 | <u>Fee (\$)</u>                                         | <u>Multiple Dependent Claims</u> |                        |
| _____ - 20 or HP = _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | x                                                                                   | _____                                                   | <u>Fee (\$)</u>                  |                        |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                         |                                  |                        |
| <u>Indep. Claims</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Extra Claims</u>                                                                 | <u>Fee (\$)</u>                                         |                                  |                        |
| _____ - 3 or HP = _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | x                                                                                   | _____                                                   |                                  |                        |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                         |                                  |                        |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                         |                                  |                        |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                                         |                                  |                        |
| <u>Total Sheets</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Extra Sheets</u>                                                                 | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee(\$)</u>                   | <u>Fee Paid (\$)</u>   |
| _____ - 100 = _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | /50                                                                                 | _____ (round up to a whole number)                      | x _____                          | = _____                |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                         |                                  |                        |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                                         |                                  | _____                  |
| Other (e.g., late filing surcharge): Three months extension of time (small entity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                         |                                  | 510                    |
| <b>SUBMITTED BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                         |                                  |                        |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                         |                                  | Telephone 703-773-4141 |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dale S. Lazar/Lisa K. Norton                                                        | Reg. No (Attorney/Agent) 28,872/44,977                  | Date May 22, 2006                |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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